

**CALIFORNIA AIR RESOURCES BOARD  
MONTHLY QUALITY MAINTENANCE CHECK SHEET  
API MODEL 400E/T400 OZONE ANALYZER**

Location: \_\_\_\_\_ Month/Year: \_\_\_\_\_  
 Station Number: \_\_\_\_\_ Technician: \_\_\_\_\_  
 Property Number: \_\_\_\_\_ Agency: \_\_\_\_\_

Test Parameters		Readings				
	DATE					
TIME (PST)	Current Time (HH:MM)					
RANGE	500 ppb					
STABIL	< 1.0 with zero air ( <i>Record Only</i> )					
O3 MEAS	2500-4900 mV					
O3 REF	2500-4900 mV					
**O3 GEN	80-5000 mV ( <i>Record Only</i> )					
**O3 DRIVE	0-5000 mV ( <i>Record Only</i> )					
PRES	0-2" Hg below ambient ( <i>Record Only</i> )					
*SAMPLE FLOW	720 ± 80 cc/min					
SAMPLE TEMP	Station Temp ± 15°C					
PHOTO LMP	Photo Lamp Temp. 58 ± 1°C					
**O3 GEN TEMP	O3 Generator Temp. 48 ± 3°C					
BOX TEMP	Station Temp ± 8°C					
SLOPE	1.0 ± 0.15 – No Changes					
OFFSET	< ± 5 ppb – No Changes					

\* = per the Standard Operating Procedure, CARB has adopted a lower standard than originally stated by the Federal EPA Equivalency Designation at STP.

\*\* = applicable for the IZS option only.

**OPERATOR INSTRUCTIONS:**

- |                   |   |                            |
|-------------------|---|----------------------------|
| 1. Daily checks:  | Review data and data system graphs or strip charts.             |                            |
| 2. Weekly Checks: | Record test parameters.   |                            |
|                   | Change 5 µm PTFE particulate filter Date: _____ / _____ / _____ |                            |
| 3. Semi-Annual:   | Calibrate analyzer.   | Date last performed: _____ |
| 4. Annual:        | Replace Sintered Filter / O-Rings                               | Date last performed: _____ |
| 5. As Required:   | Clean optical chamber.  | Date last performed: _____ |
|                   | Adjust photo lamp when O3 ref < 2500 mV.                        | Date last performed: _____ |
|                   | Rebuild the pump.   | Date last performed: _____ |
|                   | Replace O3 scrubber   | Date last performed: _____ |

Date	Comments or Maintenance Performed:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_